MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09932935	08-21-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4	1							54						
5		1						55						
6		1						56						
7	1							57						
8		1						58						
9		1						59						
10	1							60						
11		1						61						
12		1						62						
13	1							63						
14		1						64						
15		1						65						
16	1							66						
17		1						67						
18		1						68						
19	1							69						
20		1						70						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	8	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	16							TOTAL DEP.						
TOTAL CLAIMS	24							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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